

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK

Case number *(if known)* _____ Chapter **11**☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	<u>Mediquip, Inc.</u>	
<hr/>			
2.	All other names debtor used in the last 8 years <small>Include any assumed names, trade names and <i>doing business as</i> names</small>		
<hr/>			
3.	Debtor's federal Employer Identification Number (EIN)	<u>30-0739572</u>	
<hr/>			
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business
		<u>280 Broadway, Suite D</u>	
		<u>Bethpage, NY 11714-3716</u>	
		<small>Number, Street, City, State & ZIP Code</small>	<small>P.O. Box, Number, Street, City, State & ZIP Code</small>
		<u>Nassau</u>	
		<small>County</small>	Location of principal assets, if different from principal place of business
			<small>Number, Street, City, State & ZIP Code</small>
<hr/>			
5.	Debtor's website (URL) _____		
<hr/>			
6.	Type of debtor		
	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		
<hr/>			

Debtor **Mediquip, Inc.**
Name

Case number (if known)

7. Describe debtor's business A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6216**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☐ No.
- ☒ Yes.

If more than 2 cases, attach a separate list.

District	Eastern District of New York	When	10/24/19	Case number	8-19-77310-las
District		When		Case number	

Debtor **Mediquip, Inc.**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District When Case number, if known

11. Why is the case filed in this district?
- Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds
- Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor	Mediquip, Inc.	Case number (if known)	
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Mediquip, Inc.** Case number (if known) _____
 Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 31, 2021**
 MM / DD / YYYY

X /s/ Sonia Carrero
 Signature of authorized representative of debtor
 Title **Chief Executive Officer**

Sonia Carrero
 Printed name

18. Signature of attorney **X /s/ Heath S. Berger**
 Signature of attorney for debtor

Date **March 31, 2021**
 MM / DD / YYYY

Heath S. Berger
 Printed name

Berger, Fischhoff, Shumer, Wexler & Goodman, LLP
 Firm name

6901 Jericho Turnpike
Suite 230
Syosset, NY 11791
 Number, Street, City, State & ZIP Code

Contact phone **516-747-1136** Email address **hberger@bfsllawfirm.com/gfischhoff@bfsllawfirm.com**

hb-7802 NY
 Bar number and State

Fill in this information to identify the case:Debtor name **Mediquip, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ADP Two Huntington Quadrangle Melville, NY 11747		Services				\$14,000.00
Amanda Ten/Occupational Ten Inc 100 South Fordham Road Hicksville, NY 11802		Loan				\$20,000.00
AmerisourceBergen Drug Corporation 1300 Morris Drive Wayne, PA 19087		Trade payables				\$8,444.53
Capital One P.O. Box 30281 Salt Lake City, UT 84130		Credit card				\$14,556.63
Concordance 60 Distribution Boulevard Edison, NJ 08817		Services/goods sold	Disputed			\$299,967.63
Erick Maisonave Maisonave Business Services 6863 108th Street, Apt. 1B Forest Hills, NY 11375		Services/goods sold	Disputed			\$10,000.00
Garfunkel Wild, P.C. 111 Great Neck Road, Suite 600 Great Neck, NY 11021		Services	Disputed			\$8,000.00

Debtor **Mediquip, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Infiniti Medical Solutions LLC 50 Randolph Road Suite A2 Somerset, NJ 08873		Equipment rentals				\$51,398.00
Integrated Medical Systems Inc Frank J Ryan Attorney at Law PO Box 156 Oak Forest, IL 60452		Goods sold/property rental	Disputed			\$62,222.49
IRS Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346		Various taxes				\$34,083.03
McKesson Corporation 6555 State Highway 161 Irving, TX 75039		Goods sold	Disputed			\$53,353.77
Medline Industries Inc Three Lakes Drive Winnetka, IL 60093		Goods sold	Disputed			\$22,849.29
Neopost USA Inc. 478 Wheelers Farms Road Milford, CT 06461		Services				\$100.00
New York State Insurance Fund 8 Corporate Center Drive Melville, NY 11747		Insurance				\$5,000.00
NYS Department of Taxation & Finance Bankruptcy Unit-TCD Bldg 8 Room 455 Albany, NY 12227		Corp Taxes; Account nos.: XXXX2291 & XXXX3447				\$3,673.85
NYS Department of Taxation & Finance Bankruptcy Unit-TCD Bldg 8 Room 455 Albany, NY 12227		Withholding taxes				\$217.96
Saps Drug Wholesale Inc 651-55 Timpson Place Bronx, NY 10455		Goods sold				\$72,867.92

Debtor **Mediquip, Inc.**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Staples Inc. 500 Staples Drive Framingham, MA 01702		Goods sold				\$425.00
Triple Crown Respiratory Therapy PC 1226 West Broadway Suite L3 Hewlett, NY 11557		Goods sold				\$57,211.04
Twin Med 121 Enterprise Avenue S Secaucus, NJ 07094		Goods sold	Disputed			\$21,586.21

Fill in this information to identify the case:Debtor name **Mediquip, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Alpha Capital Source, Inc. <small>Creditor's Name</small> 734 West Broadway Woodmere, NY 11598 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Prior to 10/19 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All property Describe the lien Naked UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$66,329.52	Unknown

2.2	CHTD Company <small>Creditor's Name</small> P.O. Box 2576 Springfield, IL 62708 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Prior to 10/19 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien All assets Describe the lien Loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	Unknown	Unknown
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Debtor **Mediquip, Inc.** Case number (if known) _____
 Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☒ Disputed

2.3 De Lage Landen Financial Services, Inc.

Creditor's Name

**111 Old Eagle School Road
Wayne, PA 19087**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Prior to 10/19

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Equipment subject to lease

Unknown

Unknown

Describe the lien

Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 GFE NY, LLC dba Global Funding Experts

Creditor's Name

**307 W. 38th Street
Suite 1106
New York, NY 10018**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Prior to 10/19

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All assets

\$183,770.00

Unknown

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.5 H.D. Smith Wholesale Drug Company, Inc.

Creditor's Name

**d/b/a Amerisourcebergen
Drug Corporation
1300 Morris Drive
Wayne, PA 19087**

Creditor's mailing address

Describe debtor's property that is subject to a lien

All assets

\$8,444.57

Unknown

Describe the lien

Debtor **Mediquip, Inc.**
Name

Case number (if known)

Unknown

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Prior to 10/19

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.6 Reliable Fast Cash, LLC**

Creditor's Name

**262A Albany Avenue
Brooklyn, NY 11213**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Prior to 10/19

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All assets**\$59,497.06****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.7 Swift Financial LLC**

Creditor's Name

**as servicing agent for Web
Bank
3505 Silverside Road
Suite 200
Wilmington, DE 19810**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Prior to 10/19

Last 4 digits of account number

9572

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

All assets**\$39,044.30****Unknown**

Describe the lien

Loan

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Mediquip, Inc.** Case number (if known)

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☒ Disputed**2.8 Tru Capital**

Creditor's Name

**c/o Jacob Verstandig, Esq.
1459 E, 13th Street
Brooklyn, NY 11230**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Prior to 10/19****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All assets**\$118,000.00****Unknown**

Describe the lien

Judgment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.9 Unknown Company**

Creditor's Name

**c/o Corporation Service
Company
P.O. Box 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Prior to 10/19****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All assets**Unknown****Unknown**

Describe the lien

Loan

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.1
0 Unkonwn Company**

Creditor's Name

**c/o Corporation Service
Company
P.O. Box 2576
Springfield, IL 62708**

Creditor's mailing address

Describe debtor's property that is subject to a lien

All assets**Unknown****Unknown**

Describe the lien

Loan

Debtor Mediquip, Inc. <small>Name</small>	Case number (if known) _____
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Creditor's email address, if known Date debt was incurred Prior to 10/19 Last 4 digits of account number	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$475,085.45**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Alpha Capital Source Inc Giuliano Law PC 445 Broadhollow Road Suite 25 Melville, NY 11747	Line <u>2.1</u>	
AmerisourceBergen Drug Corporation 227 Washington Street Conshohocken, PA 19428	Line <u>2.5</u>	
Jacob Verstandig, Esq. 1459 East 13th Street Brooklyn, NY 11230	Line <u>2.8</u>	
Reliable Fast Cash LLC Zachter PLLC 2 University Plaza Suite 205 Hackensack, NJ 07601	Line <u>2.6</u>	

Fill in this information to identify the case:Debtor name **Mediquip, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address IRS Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$34,083.03	\$3,516.51
	Date or dates debt was incurred 2017, 2018 & 2019	Basis for the claim: Various taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address NYS Department of Taxation & Finance Bankruptcy Unit-TCD Bldg 8 Room 455 Albany, NY 12227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,673.85	\$3,173.85
	Date or dates debt was incurred 2012 & 2014	Basis for the claim: Corp Taxes; Account nos.: XXXX2291 & XXXX3447		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Mediquip, Inc. Name	Case number (if known)
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2.3	Priority creditor's name and mailing address NYS Department of Taxation & Finance Bankruptcy Unit-TCD Bldg 8 Room 455 Albany, NY 12227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$217.96	\$217.96
	Date or dates debt was incurred 2019	Basis for the claim: Withholding taxes		
	Last 4 digits of account number 6437 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address ADP Two Huntington Quadrangle Melville, NY 11747 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,000.00
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3.2	Nonpriority creditor's name and mailing address Amanda Ten/Occupational Ten Inc 100 South Fordham Road Hicksville, NY 11802 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u>0738</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
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3.3	Nonpriority creditor's name and mailing address American Express PO Box 297814 Ft Lauderdale, FL 33329 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u>1005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.63
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3.4	Nonpriority creditor's name and mailing address AmerisourceBergen Drug Corporation 1300 Morris Drive Wayne, PA 19087 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,444.53
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3.5	Nonpriority creditor's name and mailing address Capital One P.O. Box 30281 Salt Lake City, UT 84130 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u>9812</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,556.63
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Debtor Mediquip, Inc. Name		Case number (if known)	
3.6	Nonpriority creditor's name and mailing address Concordance 60 Distribution Boulevard Edison, NJ 08817 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services/goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299,967.63
3.7	Nonpriority creditor's name and mailing address Deutsche Bank Trust 60 Wall Street New York, NY 10005 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Financial</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.8	Nonpriority creditor's name and mailing address Erick Maisonave Maisonave Business Services 6863 108th Street, Apt. 1B Forest Hills, NY 11375 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services/goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.9	Nonpriority creditor's name and mailing address Garfunkel Wild, P.C. 111 Great Neck Road, Suite 600 Great Neck, NY 11021 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,000.00
3.10	Nonpriority creditor's name and mailing address Global Funding 13240 SW 131st Street Miami, FL 33186 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Financial</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.11	Nonpriority creditor's name and mailing address I Kahn Capital 160 Pearl Street New York, NY 10005 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Financial</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.12	Nonpriority creditor's name and mailing address Infiniti Medical Solutions LLC 50 Randolph Road Suite A2 Somerset, NJ 08873 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment rentals</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,398.00

Debtor	Mediquip, Inc. Name	Case number (if known)
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3.13	Nonpriority creditor's name and mailing address Integrated Medical Systems Inc Frank J Ryan Attorney at Law PO Box 156 Oak Forest, IL 60452 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,222.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods sold/property rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address McKesson Corporation 6555 State Highway 161 Irving, TX 75039 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u>0420</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$53,353.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address Medline Industries Inc Three Lakes Drive Winnetka, IL 60093 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u>4886</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,849.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Neopost USA Inc. 478 Wheelers Farms Road Milford, CT 06461 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address New York State Insurance Fund 8 Coroprate Center Drive Melville, NY 11747 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address NYS Department of Labor State Campus Bldg 12 Rm 256 Albany, NY 12240 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u>6547</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$69.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address Saps Drug Wholesale Inc 651-55 Timpson Place Bronx, NY 10455 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u>0320</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$72,867.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Mediquip, Inc. Name	Case number (if known)
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3.20	Nonpriority creditor's name and mailing address Secured Lender Solutions, LLC P.O. Box 2576 Springfield, IL 62708 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Financial</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.21	Nonpriority creditor's name and mailing address Staples Inc. 500 Staples Drive Framingham, MA 01702 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.00
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3.22	Nonpriority creditor's name and mailing address Sunknowledge Services, Inc. 41 Madison Avenue, Suite 2503 New York, NY 10010 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.23	Nonpriority creditor's name and mailing address Triple Crown Respiratory Therapy PC 1226 West Broadway Suite L3 Hewlett, NY 11557 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,211.04
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3.24	Nonpriority creditor's name and mailing address Twin Med 121 Enterprise Avenue S Secaucus, NJ 07094 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,586.21
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3.25	Nonpriority creditor's name and mailing address Unishippers 67 West Main Street Oyster Bay, NY 11771 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.80
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3.26	Nonpriority creditor's name and mailing address William Hill Fred Grafstein PC 2061 Deer Park Avenue Deer Park, NY 11729 Date(s) debt was incurred <u>Prior to 10/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Former shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor **Mediquip, Inc.**

Name

Case number (if known)

3.27 Nonpriority creditor's name and mailing address

**Yellowstone Capital LLC
160 Pearl Street, 5th Floor
New York, NY 10005**Date(s) debt was incurred Prior to 10/19

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: FinancialIs the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	American Express Becket & Lee LLP PO Box 3001 Malvern, PA 19355	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Capital One Bank by American InfoSource 4515 N Santa Fe Avenue Oklahoma City, OK 73118	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	McKesson Medical-Surgical Supply Inc Stephanie Hampton 6651 Gate Parkway Jacksonville, FL 32256	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Twin Med LLC 11333 Greenstone Avenue Santa Fe Springs, CA 90670	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	William Hill 44 Mulholland Drive North Babylon, NY 11703	Line <u>3.26</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ 37,974.845b. + \$ 722,093.265c. \$ 760,068.10

Fill in this information to identify the case:Debtor name Mediquip, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease for commercial space**State the term remaining **Expiring April 30, 2024**

List the contract number of any government contract _____

**Mindie Realty, LLC
P.O. Box 866
Brookhaven, NY 11719**

Fill in this information to identify the case:Debtor name **Mediquip, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Sonia M. Carrero****20 Gardenia Lane
Levittown, NY 11756****Alpha Capital Source,
Inc.**☒ D **2.1**
☐ E/F _____
☐ G _____**2.2 Sonia M. Carrero****20 Gardenia Lane
Levittown, NY 11756****CHTD Company**☒ D **2.2**
☐ E/F _____
☐ G _____**2.3 Sonia M. Carrero****20 Gardenia Lane
Levittown, NY 11756****De Lage Landen
Financial Services,
Inc.**☒ D **2.3**
☐ E/F _____
☐ G _____**2.4 Sonia M. Carrero****20 Gardenia Lane
Levittown, NY 11756****GFE NY, LLC dba
Global Funding
Experts**☒ D **2.4**
☐ E/F _____
☐ G _____**2.5 Sonia M. Carrero****20 Gardenia Lane
Levittown, NY 11756****H.D. Smith Wholesale
Drug Company, Inc.**☒ D **2.5**
☐ E/F _____
☐ G _____

Debtor **Mediquip, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.6	Sonia M. Carrero	20 Gardenia Lane Levittown, NY 11756	Reliable Fast Cash, LLC	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Sonia M. Carrero	20 Gardenia Lane Levittown, NY 11756	Swift Financial LLC	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Sonia M. Carrero	20 Gardenia Lane Levittown, NY 11756	Tru Capital	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Sonia M. Carrero	20 Gardenia Lane Levittown, NY 11756	Unknown Company	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Sonia M. Carrero	20 Gardenia Lane Levittown, NY 11756	Unkonwn Company	<input checked="" type="checkbox"/> D <u>2.10</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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**United States Bankruptcy Court
Eastern District of New York**

In re **Mediquip, Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: **March 31, 2021****/s/ Sonia Carrero****Sonia Carrero/Chief Executive Officer**

Signer/Title

Date: **March 31, 2021****/s/ Heath S. Berger**

Signature of Attorney

Heath S. Berger**Berger, Fischhoff, Shumer, Wexler & Goodman, LLP****6901 Jericho Turnpike****Suite 230****Syosset, NY 11791****516-747-1136**

ADP
Two Huntington Quadrangle
Melville NY 11747

Alpha Capital Source Inc
Giuliano Law PC
445 Broadhollow Road
Suite 25
Melville NY 11747

Alpha Capital Source, Inc.
734 West Broadway
Woodmere NY 11598

Amanda Ten/Occupational Ten Inc
100 South Fordham Road
Hicksville NY 11802

American Express
PO Box 297814
Ft Lauderdale FL 33329

American Express
Becket & Lee LLP
PO Box 3001
Malvern PA 19355

AmerisourceBergen Drug Corporation
1300 Morris Drive
Wayne PA 19087

AmerisourceBergen Drug Corporation
227 Washington Street
Conshohocken PA 19428

Capital One
P.O. Box 30281
Salt Lake City UT 84130

Capital One Bank by American InfoSource
4515 N Santa Fe Avenue
Oklahoma City OK 73118

CHTD Company
P.O. Box 2576
Springfield IL 62708

Concordance
60 Distribution Boulevard
Edison NJ 08817

De Lage Landen Financial Services, Inc.
111 Old Eagle School Road
Wayne PA 19087

Deutsche Bank Trust
60 Wall Street
New York NY 10005

Erick Maisonave
Maisonave Business Services
6863 108th Street, Apt. 1B
Forest Hills NY 11375

Garfunkel Wild, P.C.
111 Great Neck Road, Suite 600
Great Neck NY 11021

GFE NY, LLC dba Global Funding Experts
307 W. 38th Street
Suite 1106
New York NY 10018

Global Funding
13240 SW 131st Street
Miami FL 33186

H.D. Smith Wholesale Drug Company, Inc.
d/b/a Amerisourcebergen Drug Corporation
1300 Morris Drive
Wayne PA 19087

I Kahn Capital
160 Pearl Street
New York NY 10005

Infiniti Medical Solutions LLC
50 Randolph Road
Suite A2
Somerset NJ 08873

Integrated Medical Systems Inc
Frank J Ryan Attoney at Law
PO Box 156
Oak Forest IL 60452

IRS
Centralized Insolvency Operation
PO Box 7346
Philadelphia PA 19101-7346

Jacob Verstandig, Esq.
1459 East 13th Street
Brooklyn NY 11230

McKesson Corporation
6555 State Highway 161
Irving TX 75039

McKesson Medical-Surgical Supply Inc
Stephanie Hampton
6651 Gate Parkway
Jacksonville FL 32256

Medline Industries Inc
Three Lakes Drive
Winnetka IL 60093

Mindie Realty, LLC
P.O. Box 866
Brookhaven NY 11719

Neopost USA Inc.
478 Wheelers Farms Road
Milford CT 06461

New York State Insurance Fund
8 Coroprte Center Drive
Melville NY 11747

NYS Department of Labor
State Campus
Bldg 12 Rm 256
Albany NY 12240

NYS Department of Taxation & Finance
Bankruptcy Unit-TCD
Bldg 8 Room 455
Albany NY 12227

NYS Department of Taxation & Finance
Bankruptcy Unit-TCD
Bldg 8 Room 455
Albany NY 12227

Reliable Fast Cash LLC
Zachter PLLC
2 University Plaza
Suite 205
Hackensack NJ 07601

Reliable Fast Cash, LLC
262A Albany Avenue
Brooklyn NY 11213

Saps Drug Wholesale Inc
651-55 Timpson Place
Bronx NY 10455

Secured Lender Solutions, LLC
P.O. Box 2576
Springfield IL 62708

Sonia M. Carrero
20 Gardenia Lane
Levittown NY 11756

Sonia M. Carrero
20 Gardenia Lane
Levittown NY 11756

Sonia M. Carrero
20 Gardenia Lane
Levittown NY 11756

Sonia M. Carrero
20 Gardenia Lane
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20 Gardenia Lane
Levittown NY 11756

Sonia M. Carrero
20 Gardenia Lane
Levittown NY 11756

Sonia M. Carrero
20 Gardenia Lane
Levittown NY 11756

Staples Inc.
500 Staples Drive
Framingham MA 01702

Sunknowledge Services, Inc.
41 MAdison Avenue, Suite 2503
New York NY 10010

Swift Financial LLC
as servicing agent for Web Bank
3505 Silverside Road
Suite 200
Wilmington DE 19810

Triple Crown Respiratory Therapy PC
1226 West Broadway
Suite L3
Hewlett NY 11557

Tru Capital
c/o Jacob Verstandig, Esq.
1459 E, 13th Street
Brooklyn NY 11230

Twin Med
121 Enterprise Avenue S
Secaucus NJ 07094

Twin Med LLC
11333 Greenstone Avenue
Santa Fe Springs CA 90670

Unishippers
67 West Main Street
Oyster Bay NY 11771

Unknown Company
c/o Corporation Service Company
P.O. Box 2576
Springfield IL 62708

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